

SECTION 1

MEMBER DATA

- a) Name of member Last
First MI
b) Social Security number XXX-XX-XXXX
c) Date of birth mm/dd/yyyy
d) Mailing address Number and street
City State ZIP

SECTION 2

MILITARY DATA

- a) Period of military leave mm/dd/yyyy. From to

SECTION 3

SCHOOL DISTRICT
DATA

- a) Name of school district.
b) Enter the amount of total regular compensation
that the member would have been paid during
the period of military service leave
c) Enter the total amount of retirement
contributions that would have been deducted
from the amount listed in Line b

SECTION 4

EMPLOYER
REPRESENTATIVE'S
STATEMENT AND
SIGNATURE

I hereby certify, under the penalties of perjury, that the above information is true, complete and correct to the best of my knowledge. Additionally, I have made a copy of this page for future reference and clarification, if necessary.

Signature



Date

Name (please print)

Title

Phone

Fax

Email

Thank you for your assistance to us and our members!